MULTIPLE DEPENDENT CLAIM SERIAL NO. FEE CALCULATION SHEET PHLING DATE (FOR USE WITH FORM PTO-875) APPLICANTIS CLAIMS AFTER AS FILED AFTER I"AMENDMENT 1 MAMENDMENT as filed AFTER IND. AFTER DEP. IND. DEP. CAMENDMENT. IND, DEP. 3 MAMENDMENT. IND. DEP. IND. DEP. IND. DEP. 20 71 24 28 79 39. 89. 95 9.7 TOTAL IND TOTAL IND TOTAL DEP

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